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PATENT  
Attorney Docket No.: 017887-005920US

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On March 10, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Sylvia E. Arnold  
Sylvia E. Arnold

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Paul Gallagher et al.

Application No.: 10/727,303

Filed: December 2, 2003

For: SYSTEMS AND METHODS FOR  
IMPLEMENTING PERSON-TO-  
PERSON MONEY EXCHANGE

Customer No.: 20350

Confirmation No. 5215

Examiner: Jason M. Borlinghaus

Technology Center/Art Unit: 3628

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed February 10, 2005, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 12 of this paper.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/727,303
Filing Date	December 2, 2003
First Named Inventor	Gallagher, Paul
Art Unit	3628
Examiner Name	Jason M. Borlinghaus
Attorney Docket Number	017887-005920US

**ENCLOSURES (Check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Response to rest. req.<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application.<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
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Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP
Signature	
Printed name	Gerald T. Gray
Date	March 10, 2005

Reg. No. 41,797

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature	
Typed or printed name	Sylvia E. Arnold

Date March 10, 2005